PLEASE TYPE OR PRINT	Entered previous May Show
☐ Ms.  ☑ Mr. Artist DOUGLAS	□ yes 🛱 no
Permanent BALDWIN L	
0/4/0 4/40/7 Tel. (2/6)	
Zip Area Code	
Temporary Address	
Street	City
Tel. ( )	
Zip Area Code	
Permanent address is in what cou	inty? U.S.A.
Born in Cuyahoga County	Yes No
Collaborator(If Any)	
If May Show entries are not acced.  Artist will pick up at Museum.  Museum should dispose of.  Museum should ship to artist	
Special Instructions When necessary include below in the object is to be assembled and	

## THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIN

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 15, 1975,

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Domotoon M. W. Cutchanse

ENTRY BLAN	IKS					
		intings				raphy
Medium or Materia	ls					
ACI						
Title ER.	NIL	= 'S				
Price or NFS .	If NE	ince Value S Only	Siz	31)	< '	y
	GRA	PHICS AND PHOTOGR.	APH	YONLY		
Additional No. For	Sale	Total No. in Edition	100	rice Inframed		Price of Frames
DO NOT W	RITE II	THIS SECTION	AC	CEPTED	R	EJECTED
593(1)						
				122		
		intings 2. Graph ulpture 5. Electri				raphy
Medium or Materia	s					
Title						
Price Framed or NFS	Insurance Value If NFS Only		Size			
	GRA	PHICS AND PHOTOGRA	ДРН	YONLY		
Additional No. For	Sale	Total No. in Edition		Price Unframed	d	Price of Frame
DO NOT WE	TITE II	THIS SECTION	AC	CEPTED	R	EJECTED
					В	Y 1

1975 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

DO NOT DETACH

Dates for Pick-up of Objects

luseum Service Entrance :30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed

Please keep address within this box for window envelope.

Name	DOUGLASP. WHIT	
Address		
City & State	BEREA 0110	Zip 44014

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

Dean Raches (1) ACCEPTANCE OR REJECTION NOTICE This is your only receipt to claim your object(s). This notification will be mailed to you following judging. DO NOT DETACH ☑ 1. Paintings □ 2. Graphics □ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts 3 (1) DO NOT DETACH ☐6. Crafts 4. Sculpture 5. Electric